

UNITED STATES DISTRICT COURT

for the
Southern District of New York

Division

Juan Bonilla

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

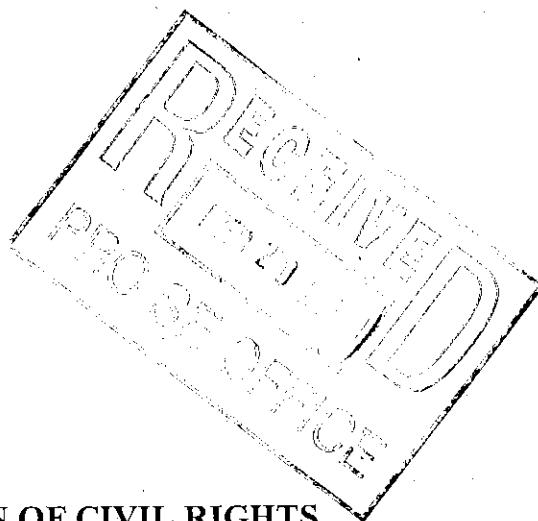
J. Aguilera

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

(to be filled in by the Clerk's Office)



COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Defendant No. 3

Name _____
 Job or Title (*if known*) _____
 Shield Number _____
 Employer _____
 Address _____
 _____ City _____ State _____ Zip Code _____

Individual capacity Official capacity

Defendant No. 4

Name _____
 Job or Title (*if known*) _____
 Shield Number _____
 Employer _____
 Address _____
 _____ City _____ State _____ Zip Code _____

Individual capacity Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- Federal officials (a *Bivens* claim)
 State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

(8) Eighth and (14) Fourteenth Constitutional Rights

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

*As a Correctional officer THIS officer Abused,
His AUTHORITY and PHYSICALLY Assaulted ME UNPROVOKED*

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Other (*explain*)

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

*GREEN HAVEN CORRECTIONAL FACILITY, → B Block
COMPANY (4) (*VIDEO # C.S. 07078) Appx 8:55 AM
C.S. 07079*

C. What date and approximate time did the events giving rise to your claim(s) occur?

DATE : DECEMBER, 12, 2023, TIME 8:55 AM

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I WAS PUNCHED IN FACE AND KNOCKED UNCONSCIOUS,
MY NOSE WAS FRACTURED AS I LAYED THERE BLEEDING
FROM THIS UNPROVOKED ASSAULT ME BY THIS EMPLOYEE
OF GREEN HAVEN.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

MY NOSE WAS BROKEN, FRACTURED AND BLEEDING HEAVY
AS I LAYED, UNCONSCIOUS WAITING FOR MEDICAL
ASSISTANT.

*SEE VIDEO # C.S. 07078 → CS. 07079

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

\$2,000,000.00 TWO MILLION DOLLARS, ALSO THAT THIS OFFICER BE
REMOVED/FIRED FOR HIS ATROUSCIOS BEHAVIOR. I WAS
ASSAULT BY THIS OFFICER FOR NO REASON, I COULD'VE HAVE
LOSS MY LIFE PROBABLY HAD HE HAD A WEAPON

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes

No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Green HAVEN Correctional Facility

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes

No

Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes

No

Do not know

If yes, which claim(s)?

THE ASSAULT AGAINST ME BY
AN EMPLOYEE UNPROVOKED

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes

No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes

No

- E. If you did file a grievance:

1. Where did you file the grievance?

Green HAVEN Correctional Facility, GRIEVANCE DEPARTMENT

2. What did you claim in your grievance?

THAT I was punched in my face and knocked unconscious and layed bleeding for several minute until medical ASSISTAN arrived.

3. What was the result, if any?

STILL Pending By Office o f
Special Investigations .

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I First Filed my Complaint to the Area Supervisor, then to the facility Superintendant, the GRIEVANCE DEPARTMENT and then I Filed A letter to the Sather District Asking for Application for 1983 To file my Complaint and lawsuit.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

Yes

No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes

No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court (*if federal court, name the district; if state court, name the county and State*)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition.

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

Yes No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court (*if federal court, name the district; if state court, name the county and State*)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

I Bonilla, Jan. 22, 24

Signature of Plaintiff

I Bonilla

Printed Name of Plaintiff

IVAN. Bonilla

Prison Identification #

19A3053

Prison Address

GREEN HAVEN Correctional FacilitySTORMVILLE

City

N.Y.12582

Zip Code

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

To: GRIVENCE

From: IAN. Bovilla

Div: 19A3053, Loc: H-Block #6-374

12-12-23

JAN 09 2024

JAN 09 2024

On the above DATE and time I/I Bovilla

Div: 19A3053 got punch in my face by

C.O. J. Aguilta on B-Block Comp.#4 (see Video)

There were no Violent Conduct, threats or
Aggressiveness for this officer to put his hands
on me.

I did nothing wrong for this officer C.O. J. Aguilta
to Assult me. (see video)

I want this officer to be removed from
his job.

Thankyou!

C.C. filed

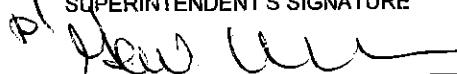
Sincerely

I. Bovilla

19A3053

H-Block #6-374

Videonum: C.S.-07078
C.S.-07079

 Corrections and Community Supervision INCARCERATED GRIEVANCE PROGRAM SUPERINTENDENT RESPONSE	GRIEVANCE NO.	DATE FILED
	GH-0047-24	1/8/24
	FACILITY	POLICY DESIGNATION
	Green Haven CF	I
	CLASS CODE	
	Assault Alleged	
	SUPERINTENDENT'S SIGNATURE	DATE
		1/16/24
GRIEVANT	DIN#	HOUSING UNIT
Bovilla, Ivan	19A3053	H6-374

The grievant complains of alleged assault

This complaint has been referred to the Office of Special Investigations the outcome of which will be determined by that Office.

*** Grievance is denied only to the extent noted above.

APPEAL STATEMENT

If you wish to refer the above decision of the Superintendent, please sign below, and return this copy to your Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal. * Please state why you are appealing this decision to C.O.R.C.

GRIEVANT'S SIGNATURE

DATE

GRIEVANCE CLERK'S SIGNATURE

DATE

19A3053
BONNIA
H6-384

GREEN HAVEN CORRECTIONAL FACILITY
P.O. BOX 4000
STORMVILLE, NEW YORK 12582-4000

NAME: Juan Bonilla DIN: 19A3053

SEND TO GREEN HAVEN

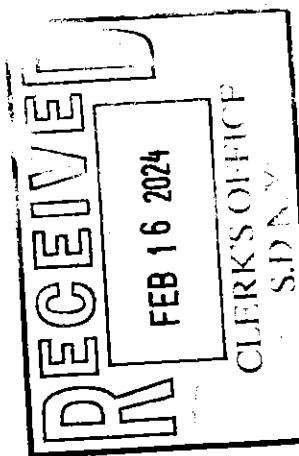
FIRST CLASS MAIL

NEO POST

02/07/2024

US POSTAGE \$000.88

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U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

500 Pearl St.

N.Y. N.Y. 10007-1312

Droshak

Legal Mail